

State of Alaska

Transfer of Cigarette Tax Stamps

Department use only envelope #	
FSN	SEQ #

622

Part I - Information about the licensee transferring the cigarette tax stamps

Federal ID		License number(s)		Period ending (yyyymm)	AK business license number
Name				Telephone number	Fax number
Mailing address				Contact name	Contact telephone
City	State	ZIP + 4	Contact email		

Part II - Information about the licensee receiving the cigarette tax stamps

Federal ID		License number(s)		Period ending (yyyymm)	AK business license number
Name				Telephone number	Fax number
Mailing address				Contact name	Contact telephone
City	State	ZIP + 4	Contact email		

Part III - Transfer of cigarette tax stamps - See instructions

Number of cigarettes per stamp (a)	Serial number(s) on stamps (b)	Number of stamps transferred (c)	Value of tax stamps (d)	Total value of tax stamps transferred (c) x (d) (e)
20 (PM)			\$2.00	
25 (PM)			\$2.50	
20 (NPM)			\$2.25	

Reason for the transfer

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Signature of licensee transferring the cigarette tax stamps		Signature of licensee receiving the cigarette tax stamps	
Print name		Print name	
Title	Date	Title	Date

Pay online at www.tax.alaska.gov
or make check payable to **State of Alaska**

Mail to: Alaska Department of Revenue - Tax Division
550 W 7th Ave Ste 500 • Anchorage AK 99501-3566
Telephone 907-269-6620
FAX 907-269-6644

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Signature	Title	Date
<input type="checkbox"/> Transfer of cigarette tax stamps approved	<input type="checkbox"/> Transfer of cigarette stamps not approved	

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